## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

| INSTRUCTIONS: This appropriate. All further cindicated unless corrected maintenance fee notifications.   | form should be used to<br>correspondence including<br>d below or directed others.      | for transmitting the Ising the Patent, advance to Block 1, by   | SSUE FEE and PUBLIC<br>e orders and notification<br>y (a) specifying a new c      |                         |   |                       |                    |   |  |
|--|--|---|---|-------------------------|---|-----------------------|--------------------|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  64065 7590 05/26/2011  CAMERON INTERNATIONAL CORPORATION ATTN: PATENT SERVICES, 1333 WEST LOOP SOUTH, SUITE 1700 HOUSTON, TX 77027   |  |   |   |                         | e) Transmittal This o   | certificate.          | cannot be used for | domestic mailings of the<br>r any other accompanying<br>t or formal drawing, must |  |
|  |  |   |   |                         | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                       |                    |   |  |
| 110001011, 111   |  |   | Lee Brevard   |                         |   | (Depositor's name)    |                    |   |  |
| •  |  |   | /Lee Brevard/   |                         |   | (Signature)           |                    |   |  |
|  |  |   |   | July 29, 2011           |   |                       | (Date)             |   |  |
| APPLICATION NO.  | APPLICATION NO. FILING DATE  |   | FIRST NAMED INVEN   | ENTOR                   |   | ATTORNEY DOCKET NO.   |                    | CONFIRMATION NO.  |  |
| 10/553,080   | 10/553.080 02/23/2007  |   | David John Parkins  | David John Parkinson    |   | DPS-030807 PET-1013US |                    | 2720  |  |
| TITLE OF INVENTION: FILTRATION APPARATUS   |  |   |   |                         |   |                       |                    |   |  |
|  |  |   |   |                         |   |                       |                    |   |  |
| •  |  |   |   |                         |   |                       |                    |   |  |
| APPLN, TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE D   | DUE                     | PREV. PAID ISSUE F  | EE TO                 | TAL FEE(S) DUE     | DATE DUE  |  |
| nonprovisional   | provisional NO   |   | \$300   | \$300                   |   |                       | \$1810             | 08/26/2011  |  |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS  | CLASS-SUBCLASS          |   |                       |                    |   |  |
| POPOVICS, ROBERT J   |  | 1778  | 210-786000  |                         |   |                       |                    |   |  |
| 1. Change of corresponder  | itent front page, list   |   | 3.6   |                         |   |                       |                    |   |  |
| CFR 1.363).  | ndence address (or Cha   | (1) the names of u  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |                         |   |                       |                    |   |  |
| Change of corresponded Address form PTO/SB/  |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to  |   |                         |   |                       |                    |   |  |
| "Fee Address" indic<br>PTO/SB/47; Rev 03-02<br>Number is required.   | r egistered attorney 2 registered patent listed, no name wil                           | 2 registered attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                     |   |                         |   |                       |                    |   |  |
| 3. ASSIGNEE NAME AN  |  |   |   |                         |   | ٠                     |                    |   |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. |  |   |   |                         |   |                       |                    |   |  |
| (A) NAME OF ASSIG  | (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |   |   |                         |   |                       |                    |   |  |
| KCC Grou   | Great Britain  | Great Britain   |   |                         |   |                       |                    |   |  |
| •  |  |   |   | _                       |   |                       |                    | . 🖽   |  |
| Please check the appropria   | ate assignee category or   | categories (will not be   | e printed on the patent):   | <u> </u>                | Individual Corp   | oration or            | other private grou | p entity Government   |  |
| 4a. The following fee(s) as  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |   |   |                         |   |                       |                    |   |  |
| Issue Fee Publication Fee (No  | A check is enclosed.  Payment by credit card. F <del>orm PTO-2038 is attached.</del>   |   |   |                         |   |                       |                    |   |  |
| Advance Order - # 6  | The Director is he   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4920 (enclose an extra copy of this form). |   |                         |   |                       |                    |   |  |
|  |  |   | overpayment, to I   | Depos                   | it Account Number   | 50-49                 | 20 (enclose an     | extra copy of this form).   |  |
| <ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>  | `  | ,   | ☐ b. Applicant is no  | long                    | er claiming SMALL   | ENTITY                | status. See 37 CFI | R 1.27(e)(2).   |  |
| NOTE: The Issue Fee and interest as shown by the re  |  |   |   |                         |   |                       |                    |   |  |
| interest as shown by the re  | cords of the United Sta  | tes Patent and Tradem   | ark Office.   |                         |   |                       |                    |   |  |
| Authorized Signature _   | /David L. N  | Mossman/  | <del></del>   |                         |   |                       | 29, 2011           |   |  |
| Typed or printed name David L. Mossman   |  |   |   | Registration No. 29,570 |   |                       |                    |   |  |
| This collection of informa<br>an application. Confidenti-<br>submitting the completed<br>this form and/or suggestio<br>Box 1450, Alexandria, Vir<br>Alexandria, Virginia 2231<br>Under the Paperwork Red   | 3-1430.  |   |   |                         |   |                       |                    |   |  |